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## APPLICANTS

Mattheos Koffas, Wilmington, DE;

 James M. Odom, Kennett Square, PA;  
 Andreas Schenzle, Zuerich, SWITZERLAND;

## \*\* CONTINUING DATA \*\*\*\*\*

 This application is a DIV of 09/934,868 08/22/2001 PAT 6,689,601  
 which claims benefit of 60/229,858 09/01/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DE	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

## ADDRESS

 23906  
 E I DU PONT DE NEMOURS AND COMPANY  
 LEGAL PATENT RECORDS CENTER  
 BARLEY MILL PLAZA 25/1128  
 4417 LANCASTER PIKE  
 WILMINGTON, DE  
 19805

## TITLE

High growth methanotrophic bacterial strain

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )

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☐ 1.18 Fees ( Issue )☐ Other☐ Credit